

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 743578	RECEIPT DATE:	01 / 12 / 01
IA NUMBER:	PCT/ JP00 / 03113	IA FILING DATE:	05 / 16 / 00
FAMILY NAME:	ODA	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	MIKIO	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 21 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	2000 1888A	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000513	TELEPHONE 2027218200
			FAX
NAME:	WENDEROTH, LIND & PONACK, L.L.P.		
STREET:	2033 K STREET N. W. SUITE 800		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	20006
EMAIL:			
APPLICATION TITLES:			
	PITCH NORMALIZATION DEVICE FOR VOICE RECOGNITION OF INPUT VOICE		

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

Bib Data Sheet

SERIAL NUMBER 09/743,578	FILING DATE 01/12/2001 RULE -	CLASS 704	GROUP ART UNIT 2641	ATTORNEY DOCKET NO. 2000-1888A	
APPLICANTS Mikio Oda, Yawata, JAPAN; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP00/03113 05/16/2000 ** FOREIGN APPLICATIONS ***** JAPAN 141838/1999 05/21/1999 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/21/2001 -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>[Signature]</u> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
ADDRESS 000513					
TITLE Interval normalization device for voice recognition input voice					
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		